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990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation OMB No 1545-0052 20**12**

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

2012
Open to Public Inspection

		endar year 2012 or tax year beginning	10)/12 , 2012,	and end	ing		12/31, 20 12
	Name	of Qundation				A	Employer identif	fication number
	THE	KRONTHAL FAMILY FOUNDATION IN	1C				46-124382	4
	Numb	er and street (or P O box number if mail is not delivered	d to street address)		Room/suit	e B	Telephone numb	per (see instructions)
	C/0	JEFFREY KRONTHAL					(2)	12) 905-0888
	150	HARTSHORN DR						
_	City o	town, state, and ZIP code				1		
	CHOI	om utile NT 07070				С	If exemption applic pending, check her	ation is
_		RT HILLS, NJ 07078						. —
G	Che	ck all that apply: X Initial return	Initial return o		oublic cha	rity p	1 Foreign organiza	
		Final return	Amended ret				2 Foreign organization 85% test, check	
_		Address change	Name change					
Η̈́	$\overline{}$	ck type of organization: X Section 501(E	If private foundation	on status was terminated
\perp		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri				under section 507(b)(1)(A), check here .
ŀ	Fair		unting method X Ca		rual	F	If the foundation is	s in a 60-month termination
	of y	ear (from Part II, col (c), line	ther (specify)		 -		under section 507(t	o)(1)(B), check here .
_	16)	▶ \$ 188,082. (Part I,	column (d) must be on	cash basis)			·	
E	art l	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net inve	ontmont	(0)	Advicted not	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	incom		(6)	Adjusted net income	purposes
		column (a) (see instructions))	books		.			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	250,000.					
	2	Check ▶ if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	10.		10.			ATCH 1
	1	Gross rents			-			
_	b Net rental income or (loss)							
Revenue	ba	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all						
Ve	_	assets on line 6a						
Re	7	Capital gain net income (from Part IV, line 2) .					 -	
	8	Net short-term capital gain					.	
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·						
		and allowances • • • •						<u> </u>
	ı	Less Cost of goods sold .						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	1 252 212 1		1.0			
_	12	Total. Add lines 1 through 11			10.			ļ
	13	Compensation of officers, directors, trustees, etc \dots	9					<u> </u>
S	14	Other employee salaries and wages						
nses	15	Pension plans, employee benefits						
eg.	16a	Legal fees (attach schedule)			CEN			
ũ	b	Accounting fees (attach schedule)		1 7 6			72	
ïve	c	Other professional fees (attach schedule)		1 1	- T - C - T	-2∩1 3		ļ
rat	17	Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) Interest Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Occupancy		18: NO	JA Z I	2013		
ist	18	Taxes (attach schedule) (see instructions)		1			<u> </u>	
Ë	19	Depreciation (attach schedule) and depletion.			JOE1	1 11	7	
Ą	20	Occupancy		1 0	الالال	Ū, ♥		
Þ	21	Travel, conferences, and meetings		L				
and	22	Printing and publications						
Operating	23	Other expenses (attach schedule)						
rat	24	Total operating and administrative expenses.						
De		Add lines 13 through 23	0					
0	25	Contributions, gifts, grants paid	61,928.	 -				61,928
	26	Total expenses and disbursements Add lines 24 and 25	61,928.	-			·	61,928
_	27	Subtract line 26 from line 12	,	· · · · · · · · · · · · · · · · · · ·				
	1		188,082.					
		Excess of revenue over expenses and disbursements			10.	-		
	į.	Net investment income (if negative, enter -0-)						
_		Adjusted net income (if negative, enter -0-)						

JSA For Paperwork Reduction Act Notice, see instructions.
2478FL L161 10/31/2013 9:27:53 AM V 12-7F

SCANNED NOV 25 2013

Form 990-PF (3

PF (2012)

Part I		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
L	aitii	Datatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing		188,082.	188,082
	2		cash investments			
		Less allowance for dou	btful accounts ►			
	4	Pledges receivable		-		
		Less allowance for dou	btful accounts			
	5					
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)	i l		
	7		receivable (attach schedule)			
			btful accounts >			
Ŋ	8		se			
Assets	9	Prenaud evnenses and d	leferred charges		· · · · · · · · · · · · · · · · · · ·	
As	10.0		te government obligations (attach schedule)			
			e stock (attach schedule)		 	
	11 °	Investments - land, building	e bonds (attach schedule)			
	12 13 14	Investments - mortgage Investments - other (atta Land, buildings, and	loans			
		equipment basis Less accumulated deprecia (attach schedule)	ation >			
	15	Other assets (describe	P)			
	16		completed by all filers - see the		188,082.	188,082
_	-		page 1, item I)		100,002.	100,002
	17		accrued expenses		_	
	18					
Liabilities	19					
Ħ	20		ors, trustees, and other disqualified persons .			
jat	21		otes payable (attach schedule)			
_	22	Other liabilities (describe	e ▶)			
					0	
_	23		es 17 through 22)	0	V	
es		and complete lines	low SFAS 117, check here ▶☐ 24 through 26 and lines 30 and 31.			
alances	24					<u> </u>
ag	25	•				}
ᅙ	26					
Ē			not follow SFAS 117,			
ō			plete lines 27 through 31. ▶ X			
Assets or Fund B	27		cipal, or current funds	-		
sse	28		r land, bldg , and equipment fund		100 000	
ĕ	29	• .	ulated income, endowment, or other funds		188,082.	
Net	30		d balances (see instructions)		188,082.	
	31		net assets/fund balances (see		100 000	
					188,082.	<u> </u>
			anges in Net Assets or Fund		,	<u> </u>
1			palances at beginning of year - Part		-	
			d on prior year's return)			100 000
		r amount from Part I,				188,082
						100.000
		lines 1, 2, and 3				188,082
5	Decr	reases not included in	line 2 (itemize)		5	100.000
6	<u>Tota</u>	I net assets or fund ba	alances at end of year (line 4 minus	line 5) - Part II, column (b	o), line 30 6	188,082

Pan	2	

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
(a) List an 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
<u>1a </u>					
<u>b</u>					
<u> </u>					
<u>d</u>					<u> </u>
<u>e</u>		(a) Cost or other boss		//-> O = = = = //-	>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>					
<u>c</u>					· · · · · ·
<u>d</u>					
Complete only for assets	showing gain in column (h) and owne	ed by the foundation on 12/31/69		C (C-I (b) -	
Complete only for assets	(i) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) g (k), but not less t	
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
_a					
<u>b</u>					
<u>c</u>					
_d					
<u>e</u>		gain, also enter in Part I, line 7			
2 Capital gain net income or		(loss), enter -0- in Part I, line 7	2		
	n or (loss) as defined in sections 1				
-	rt I, line 8, column (c) (see inst		3		
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
	Touvo tilo part blank.	T AVAILABLE FOR INITIAL Youtable amount of any year in the b			Yes No
·		r, see the instructions before making	any entri	es	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2011					
2010					
2009					
2008					. <u> </u>
2007		<u> </u>	1		
2 Total of line 1, column (d)		2		
3 Average distribution ratio	for the 5-year base period - divid	e the total on line 2 by 5, or by the			
number of years the four	dation has been in existence if les	s than 5 years	3		· · · · · · · · · · · · · · · · · · ·
4 Enter the net value of no	ncharitable-use assets for 2012 fro	om Part X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution If line 8 is equal to or grant VI instructions	ons from Part XII, line 4 reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See the
ISA				F	m QQ0-PF (2012)

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and

10 X Form **990-PF** (2012)

8b

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disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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Total number of other employees paid over \$50,000

Total. Add lines 1 through 3.

	TX Minimum Investment Return (All domestic foundations must complete this part. Foreign instructions.)	ign foundatio	ns,
1	see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1	
•	,		
-	purposes., Average monthly fair market value of securities	1a	75,233.
a h	Average of monthly cash halances	1b	,2001
C	Average of monthly cash balances Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a b, and c)	1d	75,233.
e	Total (add lines 1a, b, and c)	''	70,200.
C		1 1	
2	1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	₂	
3		3	75,233.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	-	
~		4	1,128.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	74,105.
6	Minimum investment return. Enter 5% of line 5	6	820.
-	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
Гē	foundations and certain foreign organizations check here and do not complete this	part)	
1	Minimum investment return from Part X, line 6	1	820.
2 a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)	1	
c	moone tax for 2012 (time does not metable the tax text of the first tax text of tax for 2012).	2c	
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1		820.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	820.
6			
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	_ 1	820.
		<u></u>	
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	61,928.
b		1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		61,928.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	61,928.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	alculating whe	ther the foundation

	1 990-PF (2012)				Page 9
Pa	rt XIII Undistributed Income (see instru	ctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2Ò11	2012
•	line 7				820.
_	Undistributed income, if any, as of the end of 2012				
2					
	Enter amount for 2011 only		.=.		
	Total for pnor years 20 10 ,20 09 ,20 08	······································			
3	Excess distributions carryover, if any, to 2012				
	From 2007				
	From 2008				
C	From 2009				
d	From 2010				
	From 2011				
	Total of lines 3a through e				
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$ 61,928.				
а	Applied to 2011, but not more than line 2a				
	Applied to undistributed income of prior years				
U	(Election required - see instructions)				
				····	
С	Treated as distributions out of corpus (Election required - see instructions)				
	Applied to 2012 distributable amount				820.
		61,108.			
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2012				
3	(If an amount appears in column (d), the same				
	amount must be shown in column (a)				
6	Enter the net total of each column as				
	indicated below:	61,108.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	01,100.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable		İ		
	amount - see instructions				
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
	Undistributed income for 2012 Subtract lines				
1	4d and 5 from line 1. This amount must be				
	distributed in 2013				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not				
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.				
J	Subtract lines 7 and 8 from line 6a	61,108.			
10					
а	- ' l				
b					
۲ C					
d	Excess from 2011				
e	LAUG33 HUHI ZU1Z		<u> </u>		1

b The form in which applications should be submitted and information and materials they should include

N/A

c Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

N/A

Form 990-PF (2012)

Page 11

3 Grants and Contributions Paid Dur		oved for I	Future Payment	
Recipient	If recipient is an individual,	Foundation	Dumana of amat as	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid coming the year				
ATCH 4				
		1		
				į
Total			▶ 3a	61,928
b Approved for future payment				
2pp. 0.00 for factor payment				
				1
				,
Total	<u> </u>		▶ 3b	<u> </u>

Part XVI	A Analysis of Income-Produ amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
-	·	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
-	service revenue	203111035 0000	, mount	Exausion code		(See instructions)
a b						
				<u> </u>		
					-	
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			14	10.	
	al income or (loss) from real estate			<u> </u>		
	-financed property			 		
	debt-financed property			 -		
	I income or (loss) from personal property			<u></u>		
	vestment income					
	loss) from sales of assets other than inventory	'		 		
	ome or (loss) from special events	-		 		
•	rofit or (loss) from sales of inventory					
	venue a					
				-		
						
e	Add columns (b), (d), and (e)			+	1.0	
Z Subidiai			I.	1	1 10.	
				1	10.	10.
3 Total. A	dd line 12, columns (b), (d), and (e)					10.
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to the
3 Total. A See works Part XVI	dd Ime 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to the
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to th
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to th
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to th
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to th
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to th
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to th
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to th
3 Total. A See works Part XVI Line No.	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc B Relationship of Activities Explain below how each activities	ulations) s to the Ac	ccomplishment of Ex	cempt Purp in column (d	oses e) of Part XVI-A contrib	uted importantly to th

2) THE KRONTHAL FAMILY FOUNDATION INC 46-1243824 Page Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	ın sect	e organization direct tion 501(c) of the Co zations?								Yes	No
а	Transf	ers from the reporting	ng foundation to a	noncharita	ble exempt orga	ınızatıon of	f				
	(1) Ca:	sh							1a(1)		X
	(2) Other assets										X
b		transactions									
		les of assets to a no							1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization										X
	(3) Re	ntal of facilities, equ	ipment, or other as	sets					1b(3)		X
		imbursement arrang							1b(4)		X
	(5) Lo	ans or loan guarante	es				<i>.</i>		1b(5)		X
		rformance of service							1b(6)		X
		g of facilities, equipr							1c	<u>. </u>	
d		answer to any of the									
		of the goods, other in any transaction o									
<u></u>		(b) Amount involved	(c) Name of non-					ers, transactions, and share			
(a) L	ine no	N/A	(c) Name of none	chantable exe	mpi organization	N/A	scription of transi	ers, transactions, and snai	ing ana	ingeme	iiis
		N/ A				14/21					
					·						
		-									
	<u> </u>										
		· ·- ·- ·									
			- "				<u> </u>				
	İ										
	İ										
	descri	foundation directly bed in section 501(c s," complete the follo) of the Code (other	-	•				Y	es X] No
	11 103	(a) Name of organization		(b) T	ype of organization			c) Description of relations	ship	_	
		·									
	1 00	er penalties of penjury, I declered, and complete Declaration of	lare that I have examined	this return, in	cluding accompanying	schedules and	d statements, and t	o the best of my knowleds	ge and	belief, it	, is true
Sig:	e L	X Was	Ah D	<u></u>	11/9/13	X	áns TEE		eparer	shown	below
	S NO	inatere of officer or trustee		Date		Title		(see instruction	is)? X	Yes	No
		Print/Type preparer's	s name	Preparer's	signature		Date	Check If	PTIN		
Paid	b	JEFFREY PARKE		1	400 -		10/31/2	Clieck III		4364	12
Pre	parer	- 777	SNERAMPER LL	P //				Firm's EIN ▶ 13-1			
	Only			- 1/1			 	THINISEIN P 13 1			
	y	_	EW YORK, NY			10	017-2703	Phone no 212-9	49-8	700	
		1							orm 99		(2012

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

THE KRONTHAL FAMILY FOUND	ATION INC	Employer identification number				
		46-1243824				
Organization type (check one)						
Filers of: Sec	ction:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fou	indation				
	527 political organization					
Form 990-PF X	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion				
	501(c)(3) taxable private foundation					
	by the General Rule or a Special Rule . or (10) organization can check boxes for both the General Rule and a S	Special Rule. See				
General Rule						
	orm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 on tributor. Complete Parts I and II.	or more (in money or				
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II						
during the year, total contri	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Name of organization THE KRONTHAL FAMILY FOUNDATION INC Employer identification number 46-1243824

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	ESTATE OF ELLIN KRONTHAL 150 HARTSHORN DR, SHORT HILLS, NJ 07078	\$250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization THE KRONTHAL FAMILY FOUNDATION INC

Employer identification number

46-1243824

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	·

Name of organization THE KRONTHAL FAMILY FOUNDATION INC

Employer identification number

			46-1243824					
Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the y	individual contributions to sear. Complete columns (a) th	section 501(c)(7), (8), or (10) organizations rough (e) and the following line entry.					
	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this information	ligious, charitable, etc , once. See instructions.) ▶\$					
	Use duplicate copies of Part III if addition	onal space is needed.						
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held						
		(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held						
	(e) Transfer of gift							
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No	(h) Purpose of gift	(c) Use of aift	(d) Description of how gift is held					

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF,

NET INVESTMENT INCOME	10. 10.	10.
REVENUE AND EXPENSES PER BOOKS		10.
		TOTAL
DESCRIPTION	UBS SELECT PRIME CAPITAL FUND	

ATTA	CHM	ENT	2

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

NOT REQUIRED BY THE STATE OF NJ AND DE.

ATTACHMENT 3

GRAND TOTALS

ATTACHMENT 3

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION			
JEFFREY KRONTHAL 150 HARTSHORN DR SHORT HILLS, NJ 07078	PRESIDENT/TREASURER 2.00	0	0	0
LEAH KRONTHAL 150 HARTSHORN DR SHORT HILLS, NJ 07078	VICE PRESIDENT/ SECRETARY 2.00	0	0	0
MELISSA KRONTHAL 150 HARTSHORN DR SHORT HILLS, NJ 07078	DIRECTOR 1.00	0	0	0
LAUREN KRONTHAL 460 L STREET NW, APT. 731 WASHINGTON, DC 20001	DIRECTOR 1.00	0	0	0
DANIEL KRONTHAL 150 HARTSHORN DR SHORT HILLS, NJ 10017	DIRECTOR 1.00	0	0	0

THE KRONTHAL FAMILY FOUNDATION INC

46-1243824

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 4

RECIPIENT NAME AND ADDRESS

GENERAL SUPPORT

61,928

SEE SCHEDULE ATTACHED

PUBLIC

NONE

TOTAL CONTRIBUTIONS PAID

61,928

ATTACHMENT 4

V 12-7F

THE KRONTHAL FAMILY FOUNDATION, INC. EIN. 46-1243824 FOR THE YEAR 2012

FORM 990-PF, PART XV

GRANTS	& CON	NTRIBU	TIONS	PAID

	RECIPIENT	IF RECIPIENT IS AN INDIVIDUAL	FOUNDATION		
		SHOW ANY RELATIONSHIP TO	STATUS OF	PURPOSE OF GRANT	
NAM	E AND ADDRESS	FOUND MANAGER OR CONTR	RECIPIENT	OR CONTRIBUTION	AMOUNT
WORLD UNION FOR PROGRESSIVE JUDAISM	633 THIRD AVE 7TH FL, NEW YORK, NY 10017	N/A	PUBLIC	GENERAL SUPPORT	5,000 00
FRANCISCAN CHARITIES INC	117 HIGHWAY 35 SOUTH SUITE, C/O PAUL MILLER, KEYPORT, NJ 0773	N/A	PUBLIC	GENERAL SUPPORT	2,500 00
ECLC FOUNDATION	21 LUM AVE, CHATHAM, NJ 07928	N/A	PUBLIC	GENERAL SUPPORT	1,000 00
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	3451 WALNUT STREET SUITE 305, PHILADELPHIA, PA 19104	N/A	PUBLIC	GENERAL SUPPORT	1,000 00
OVERLOOK HOSPITAL FOUNDATION	P O BOX 220 36 UPPER OVERLOOK ROAD, SUMMIT, NJ 07902 0220	N/A	PUBLIC	GENERAL SUPPORT	5,000 00
CITYMEALS-ON-WHEELS	355 LEXINGTON AVE 3RD FL NEW YORK, NY 10017 6603	N/A	PUBLIC	GENERAL SUPPORT	128 00
SMILE TRAIN, INC	41 MADISON AVE 28TH FLOOR, NEW YORK, NY 10010	N/A	PUBLIC	GENERAL SUPPORT	100 00
OUR HOUSE FOUNDATION INC AMERICAN SOCIETY FOR THE PREVENTION OF	76 FLORAL AVE , MURRAY HILL, NJ 07974	N/A	PUBLIC	GENERAL SUPPORT	1,000 00
CRUELTY TO ANIMALS	520 EIGHTH AVENUE, 7TH FLOOR, NEW YORK, NY 10018	N/A	PUBLIC	GENERAL SUPPORT	100 00
MT PLEASANT ANIMAL SHELTER INC	194 ROUTE 10 WEST EAST HANOVER, NJ 07936	N/A	PUBLIC	GENERAL SUPPORT	100 00
NEW JERSEY SEEDS INC	494 BROAD ST STE 105, NEWARK, NJ 07102	N/A	PUBLIC	GENERAL SUPPORT	1,000 00
HOMELESS SOLUTIONS INC	6 DUMONT PL STE 3, MORRISTOWN, NJ 07960	N/A	PUBLIC	GENERAL SUPPORT	500 00
RUTGERS UNIVERSITY FOUNDATION	7 COLLEGE AVE, NEW BRUNSWICK, NJ 08901	N/A	PUBLIC	GENERAL SUPPORT	3,000 00
CANCER INSTITUTE OF NEW JERSEY FOUNDATION INC	120 ALBANY STREET, TOWER TWO, 2ND FL, NEW BRUNSWICK, NJ 08	N/A	PUBLIC	GENERAL SUPPORT	10,000 00
ST JOHNS UNIVERSITY	8000 UTOPIA PKWY, JAMAICA, NY 11439	N/A	PUBLIC	GENERAL SUPPORT	10,000 00
ALL STARS PROJECT, INC. OF NEW JERSEY	543 WEST 42ND ST, NEW YORK, NY 10036	N/A	PUBLIC	GENERAL SUPPORT	15,000 00
PANCREATIC CANCER ACTION NETWORK INC	1500 ROSECRANS AVE SUITE 200, MANHATTAN BEACH, CA 90266	N/A	PUBLIC	GENERAL SUPPORT	500 00
RIVERDALE COUNTRY SCHOOL INC	5250 FIELDSTON RD, BRONX, NY 10471	N/A	PUBLIC	GENERAL SUPPORT	1,000 00
HOMEWORK HELPERS INC	791 PARK AVE C/O SUSAN STEINHARDT, NEW YORK, NY 10021	N/A	PUBLIC	GENERAL SUPPORT	2,500 00
NEW JERSEY PERFORMING ARTS CENTER CORP	1 CENTER ST, NEWARK, NJ 07102	N/A	PUBLIC	GENERAL SUPPORT	2,500 00
TOTAL					61,928 00

Form **8868**

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	Service	▶ File a	separate ap	plication for each return.		<u> </u>	
• If you are	• • • • • • • • • • • • • • • • • • • •						▶ X
• If you are	 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). 						
		ınless you have already been grar					3
a corporation 8868 to req	n required uest an ex	You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona	al (not aut forms liste	omatic) 3-month exter d in Part I or Part II w	nsion of time. You can ith the exception of F	i electronicall Form 8870, I	ly file Form Information
		details on the electronic filing of th					
		-Month Extension of Time. On				· · · · · · · · · · · · · · · · · · ·	
		to file Form 990-T and requesting	···			omplete	
•	•					-	_
All other cor	norations /			e and truete must use i	Form 7004 to request a		of time
	•		ips, itLiviic	os, and trasts mast ase i			
Name of exempt organization or other filer, see in:			Enter filer's identifying nu structions Employer identification numbe				
Type or	Number of	tempt organization of other mor, occ m			Limployer identification	mamber (Emt) e	"
print	THE KRO	ONTHAL FAMILY FOUNDATION	ITNC		46-12438	24	
File by the		treet, and room or suite no. If a P.O. box		etions	Social security number (
due date for		FFREY KRONTHAL, 150 HART			Coordi Coodini, Indinibor ((55.1)	
filing your return See	L	or post office, state, and ZIP code For					
instructions	•	HILLS, NJ 07078	Ū				
Enter the Re		for the return that this application	s for (file a	separate application fo	or each return)		0 4
Application			Return	Application			Return
Is For			Code	Is For	Coo		
Form 990 or	Form 990.		01	Form 990-T (corporat			
Form 990-BI			02	Form 1041-A			08
Form 4720-			03	Form 4720			09
Form 990-PF	_,		04	Form 5227	10		
	_	a) or 408(a) trust)	05	Form 6069		11	
		r than above)	06	Form 8870			
101111 990-1	(trust other	than above)	- 00	1 01111 0070			
The book	s are in the	care of ▶ JEFFREY KRONTHA	'T				
*	- N I - N	212 005-0000		-AVAI- N			
		212 905-0888		FAX No. ▶	al. Abra bass		. [
		pes not have an office or place of I					🏲 🗀
	•	Return, enter the organization's for	-				
				art of the group, check	this box▶	and att	acri
		nd EINs of all members the extensi		aurad ta fila Farm 000	T) oxtonoion of time		
•	ist an autor	matic 3-month (6 months for a cor $08/15$, 20 13 , to file the	•		*	above The e	vtencion ic
until	organizatio	on's return for:	exempt oig	janization return for the	e organization named	above The e	VICIUSION IS
	•						
X	tau voor b	ear 20 or eginning 10/1	2 2012	ond anding	12/31	, 20 12	
	tax year be	sgiiiiiig1071		, and ending	12, 31	_, 20 <u>±2</u>	
2 If the to	ov voor ont	ered in line 1 is for less than 12 m	onthe cher	ck reason: X Initial r	eturn Final retu	, urn	
	=		onuis, chec	K reason [] milian	etutiii i iiiai i ett	uiii	
	nange in a	ccounting period					
3a If this	application	ıs for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less an		
		edits See instructions				3a \$	1,000.
		n is for Form 990-PF, 990-T,				id	
		ments made Include any prior yea				3b \$	0
c Balanc	e due. Sub	tract line 3b from line 3a Include	your paym	ent with this form, if re	equired, by using EFTP	rs	
	(Electronic Federal Tax Payment System). See instructions 3c \$ 1,000.						
		to make an electronic fund withdrawal		orm 8868, see Form 8453	3-EO and Form 8879-EO		
For Privacy A	ct and Pape	erwork Reduction Act Notice, see Instr	uctions.			Form 8868	(Rev 1-2013)

Form 8868 (R	tev 1-2013)				Page 2		
	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part I	I and check this box			
	complete Part II if you have already been gra-						
 If you are 	e filing for an Automatic 3-Month Extension, o	complete o	only Part I (on page 1).				
Part II 、	Additional (Not Automatic) 3-Month Ex	ctension o	of Time. Only file the orig	inal (no copies needed).			
			E	nter filer's identifying number, see	e instructions		
	Name of exempt organization or other filer, see in	structions		Employer identification number (E	IN) or		
Type or							
print	THE KRONTHAL FAMILY FOUNDATION	N INC		46-1243824			
Edo by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions	Social security number (SSN)			
File by the due date for	C/O JEFFREY KRONTHAL, 150 HART						
filing your return See	City, town or post office, state, and ZIP code For a foreign address, see instructions						
instructions	SHORT HILLS, NJ 07078						
Enter the R	Return code for the return that this application	is for (file a	separate application for ea	ach return)	0 4		
Application		Return	Application	, , , , , , , , , , , , , , , , , , ,	Return		
ls For		Code	Is For		Code		
Form 990 c	or Form 990-EZ	01	, , , , ,		1		
Form 990-E		02	Form 1041-A		08		
	(individual)	03	Form 4720		09		
Form 990-F	· · · · · · · · · · · · · · · · · · ·	04	Form 5227		10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	T (trust other than above)	06	Form 8870		12		
	not complete Part II if you were not already			sion on a previously filed For			
	ks are in the care of ▶ JEFFREY KRONTHA		- datomatio o monthi oxtor	istori on a proviousty mear on	11 0000.		
	ne No ▶ 212 905-0888		FAX No. ▶	 •			
	ganization does not have an office or place of			ne hov	\sim		
• If this is	for a Group Return, enter the organization's for	ur diait Gra	up Exemption Number (GEI	N) If +F	P L		
for the who	ole group, check this box	titus for no	ort of the group, shock this	hov b ond att			
			art of the group, check this	box ▶ 🔲 and att	.acn a		
	names and EINs of all members the extension		1	1 /15 20 13			
	est an additional 3-month extension of time un alendar year, or other tax year beginni		10/12 20 12	1/15 , 20 13	00.10		
					20 12		
	tax year entered in line 5 is for less than 12 m	ionths, chec	ck reason: A Initial re	turn Final return			
	Change in accounting period	TNC TNE	ADMATTAN FROM THITRE	DARBY COURCES			
	in detail why you need the extension AWAIT SSARY TO FILE A COMPLETE AND ACC			PARTI SOURCES			
NECE	SSARI TO FILE A COMPLETE AND ACC	URAIL R	EIURN				
On If this	contraction is for Form 000 BL 000 BE 00	O T 4720		Table Age Tage Total			
	application is for Form 990-BL, 990-PF, 99	90-1, 4720	, or 6069, enter the tent	· · · · · · · · · · · · · · · · · · ·	1 000		
	fundable credits See instructions	4700		8a \$	1,000.		
	s application is for Form 990-PF, 990-T,		-				
	ated tax payments made Include any pri	or year o	verpayment allowed as	·	1 000		
	nt paid previously with Form 8868			8b \$	1,000.		
	ce Due. Subtract line 8b from line 8a Include		ent with this form, if requir		_		
(Elect	tronic Federal Tax Payment System) See instru		·	8c_[\$	0		
	Signature and Verificates of perjury, I declare that I have examined this form, ct, and complete, and that I am authorized to prepare this fo	including acc	•	•	lge and belief,		
_			.	_			
Signature >			Title >	Date ▶			
				Form 8868	(Rev 1-2013)		